

Abstract

A system and method for deploying a lead in a cardiac chamber, a cardiac vein, or a coronary artery of a patient is disclosed. The system includes a delivery device such as a guidewire having an electrode retention member at the guidewire distal end to engage an electrode assembly. The guidewire is adapted to be inserted into the inner lumen of an introducer sheath so that the electrode retention member extends beyond the distal tip of the introducer. The electrode assembly is then coupled to the electrode retention member of the guidewire. The introducer includes means at the distal end adapted to engage the proximal end of the electrode assembly that is mounted on the guidewire. This allows the introducer to push the electrode assembly and the guidewire through the vasculature to a predetermined point of implant. The introducer may then be utilized to dislodge the electrode assembly from the guidewire at the predetermined implant site before the guidewire and introducer are withdrawn. In one embodiment, the guidewire includes a steerable distal tip to allow the assembly to be readily maneuvered to the implant site. The electrode retention member may be rotatably mounted on the guidewire so that the guidewire steerable distal tip is free to rotate through the curves of a patient's vascular system without requiring rotation of the electrode assembly. According to one aspect of the invention, the guidewire and introducer may be readily coupled to a previously-implanted electrode assembly so the electrode may be re-located at a second implant site.